



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 9980

| | | | | |
|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------------|
| SERIAL NUMBER 10/062,114 | FILING DATE 01/31/2002 RULE | CLASS 623 | GROUP ART UNIT 3731 | ATTORNEY DOCKET NO. SMB-PT041 |
|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------------|

APPLICANTS

Peter Osypka, Grenzach-Wyhlen, GERMANY;

** CONTINUING DATA ***** 7 Nov

** FOREIGN APPLICATIONS *****
 GERMANY 101 05 160.3 02/06/2001

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 04/10/2002

| | | | | |
|---|--|-------------------------------|-----------------------|----------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY GERMANY | SHEETS DRAWING 6 | TOTAL CLAIMS 12 | INDEPENDENT CLAIMS 1 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | EXAMINER'S SIGNATURE <i>[Signature]</i> | INITIALS <i>[Initials]</i> | | |

Verified and
Acknowledged

ADDRESS
 3624
 VOLPE AND KOENIG, P.C.
 UNITED PLAZA, SUITE 1600
 30 SOUTH 17TH STREET
 PHILADELPHIA, PA
 19103

TITLE
 Implantable stent

| | | |
|-----------------------------------|---|---|
| FILING FEE RECEIVED 565 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) |
|-----------------------------------|---|---|